

# Foster Family Home - Corrective Action Report

Provider ID: 1-120022

Home Name: Jinalyn Bulosan, CNA

Review ID: 1-120022-9

91-804 Apoke Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 11/13/2019

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH re-certification made on 11/13/19 Corrective Action Report issued during home inspection with all items due to CTA by 12/13/19

## Foster Family Home Personnel and Staffing [11-800-41]

41.(d) The substitute caregiver who provides three or more hours of services per day to a client shall, at a minimum, be a NA.

Comment:

41.(d)CG # 4 CNA expiration date of 8/31/19

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) RN delegation not signed by all current caregivers

## Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)SCG could not locate a fire extinguisher. Once found, it was expired (red zone)

## Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9) 2/3 client bedroom doors do not have inside lock available to comply with My Choice My Way

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

54.(c)(8) Personal inventory.

Comment:

54.(c)(8)personal inventory list is missing for client # 2

A Chamberlain RN  
Compliance Manager

[Signature]  
Primary Care Giver

11/13/19.  
Date

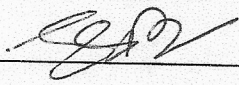
11/13/19  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Jinalyn Bulosan

CCFFH Address: 91-804 Apoke Place, Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41. (d)	CG #4 CNA certificate placed in binder.	11/25/2019	Home understands requirements. Home will place all necessary documents inside the binder immediately.
43.(c)(3)	All current SCGs signed RN delegations		Home will make sure RN delegations are signed by all SCGs. I will work with CMA to make sure all new clients have signed delegations at time of Client placement.
46.(b)(2)	Replaced empty fire extinguisher for a full tank extinguisher.		Home will make sure all extinguishers are replaced right away if extinguisher has been used and will double check with each fire drill.
53.(b)(9)	Changed all door locks for clients bedrooms to have door locks inside to comply with "My Choice My Way" guidelines.		Will keep door locks to inside lock available to clients.

Primary Caregiver's Signature: 

Print Name: Jinalyn Bulosan

Date of Signature: 11/25/2019

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Jinalyn Bulosan

CCFFH Address: 91-804 Apoke Place, Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.(c)(8)	Personal inventory for client #2 has been completed and signed.	11/25/2019	Will keep personal inventory for each client on admission and sign.

Primary Caregiver's Signature: 

Print Name: Jinalyn Bulosan

Date of Signature: 11/25/2019